

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004 877.438.7459 866.847.4046 Fax License #0377645 www.fitnessandwellness.com



FITNESS STUDIO GENERAL LIABILITY AND PROPERTY APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated PHLY Fitness Studio Supplemental application

a No Loss Letter is		ss runs for the	current policy perio	d plus three (3) pri	or years. If	none,
Website informatioCopy of Resume if	on f in business less tha	n three (3) yea	rs			
	В	ROKER INFO	RMATION			
Agency Name: Broker/PIC Rep/Contact: Address: City: Phone:	FAX:		State: E-mail:	Zip Code:		
	GI	ENERAL INFO	RMATION			
Legal Business Name: Doing business as (DBA): Insured's Name: Contact Name: Business Entity: Physical Address: City: Is the location a private result yes, is there a separate of	Sole Proprietorship Partnership sidence? entrance? Please exp	State:	Corporation S Corporation Zip:	LLC Non County:	-Profit Yes Yes	No No
Number of Locations: Check here if mailing a Mailing Address: City: Telephone: E-mail: Requested effective date:			e application for eac Iress Zip:	ch location) County:		
Membership Are you an IDEA Member?					Yes	No No

Have you taken a PASS assessment? Yes No

If yes, PASS ID: PASS Score: (1-4 Bells)

If no, please contact your agent.

PREVIOUS CARRIER INFORMATION

	<u>CARRIER</u>	EXPIRATION	ANNUAL PREMIUM
Property			\$
General Liability			\$
Crime			\$

1. Have you been cancelled or non-renewed? If yes, explain.

Yes

No

GENERAL LIABILITY*

Multiple locations must complete a separate application for each location

*General Liability coverage is written through the Fitness & Wellness Risk Purchasing Group. A Fee is required to join this Risk Purchasing Group. This fee may vary, but the exact amount will be indicated on your proposal and / or invoice.

1. Type of facility: Personal Training Studio Aerobics/Dance Studio

Pilates Studio Membership based fitness only

Other: (describe)

2. Does this business engage in operations not fitness related? Yes No

If yes, explain and indicate the % of your receipts this represents:

3. Years in Business:

4. Gross Annual Revenues: \$

5. Gross Payroll: \$

6. Square Footage:

7. Total number of Members/Clients:

8. Per session / monthly fee: \$

Liability Coverages and Limits

Commercial General Liability/Professional Liability Personal and Advertising Injury Liability

1. Occurrence / Aggregate Limit (please indicate):

\$1,000,000 / \$3,000,000 \$2.000.000 / \$3,000,000

\$2,000,000 / \$4,000,000

Other:

- 2. Sexual Abuse Liability \$100,000 per occurrence / \$300,000 aggregate
- 3. Tenant Legal Limit (please indicate):

\$100,000

\$200,000

\$300,000

4. Medical Payments (please indicate):

\$2,500

\$5,000

Non-Owned and Hired Automobile Liability

Yes No

6. Stop Gap (ND, WA, WY, OH)

Yes No

7. Is your current General Liability or Professional Liability written on an:

Occurrence Basis Claims-Made Basis

If claims made, what is the retroactive date:

OPERATIONS

Employee and/or Independent Contractors:

1. Provide the number for each: Employees (part-time is less than 10 hours/week) and independent contractors. Do not include the owner.

Staff	Employ (Part-time is less	Independent Contractors		
	Full-time	Part-time	Full-time	Part-time
Office Staff				
Personal Trainers				
Fitness Instructors				
Yoga Instructors				
Physical Therapists				
Massage Therapists				
Pedicurist or Manicurists				
Hair Stylists				
Sports Medicine Professionals				
Child Caregivers				
Dieticians				
Other:				
TOTAL OF ABOVE:				

Exposures and Equipment

Equipment

Please enter in the total pieces of equipment at this location:
 Do not count free weights, steps, mats, bands, balls.
 Please specify "Yes" or "No" and the quantity for each equipment type listed below:

Jacuzzis:	Yes	No	Number:
Steam Rooms:	Yes	No	Number:
Saunas:	Yes	No	Number:
Courts or Tracks:	Yes	No	Number:
Climbing Walls Indoor:	Yes	No	Number:
Climbing Walls Outdoor:	Yes	No	Number:
If yes to climbing walls, a Clim	nbing Wall Supp	lementa	l is necessary.

Swimming Pools: Are all swimming pools and spas compliant with the	•	No aeme Bak	Number: ker Pool and		
Safety Act? If no, provide a time table and action p	olan:			Yes	No
Diving Boards:				Yes	No
If yes, what is the height:					
Tanning Beds/Booths:				Yes	No
If yes, how many:					
If yes:					
Are goggles required?				Yes	No
Are token timers used?				Yes	No
Are operators present?				Yes	No
Are controls on the outside of the booth/bed	?			Yes	No
Are tanning booth waivers signed by member	ers?			Yes	No
Are only the manufacturer suggested bulbs	used?			Yes	No
Type of bulbs used: UVA %:	JVB %:				
Are warning signs posted regarding ultraviol	et rays?			Yes	No
Boxing Rings:	Yes	No	Number:		
If yes, is it Cardio-Kickboxing only?	Yes	No			

Trampolines: Yes No Number:

Rebounders only, all others excluded Gymnastics: If yes, describe: Yes No

Exposures

1.	Do you require signed waivers from all clients? If no, are you willing to require signed waivers by the effective date of this policy?	Yes Yes	No No
2.	Are maintenance logs kept?	Yes	No
	If no, are you willing to keep maintenance logs?	Yes	No
3.	Please list who repairs exercise equipment:		
4.	Is signage used throughout facility to prevent injury?	Yes	No
5.	Do you have non-slip surfaces in all wet areas?	Yes	No
6.	Do you sub-lease to others? If yes, please explain:	Yes	No
7.	Is there a retail store?	Yes	No
8.	Does the facility have a restaurant or snack bar/on-premises food preparation?	Yes	No
	If yes, explain any type of cooking:		
9.	Do you serve liquor? If yes, please explain:	Yes	No
	Do you charge a fee for liquor?	Yes	No
10.	Are any products manufactured or sold under your label?	Yes	No
	If yes, please describe the product and attach proof of manufacturer coverage:		
11.	Do you have a medical crisis plan?	Yes	No
12.	How many Automatic External Defibrillators (AEDs) do you have at each location:		
	How many employees at each location are trained to operate an AED:		
	Was full CPR training a part of the AED training?	Yes	No
13.	Does the facility have medical facilities with doctors employed or contracted?	Yes	No
	If yes, please explain:		
14.	Do you require health histories, intake questionnaires?	Yes	No
	How long are they kept:		
15.	Off-premises events? If yes, please explain:	Yes	No
	If yes, enter the number of events:		
	Enter the number of participants:		
16.	Do you produce videos, books or other instructional media?	Yes	No
	Number of videos, etc.: Revenue from videos, etc.:\$		
17.	What are your hours of operation:		
17.	Is staff present during all hours of operation?	Yes	No
	Twenty Four hour operations please complete the following:	100	140
	Is there 24 hour video surveillance?	Yes	No
	Are AEDs available on premises?	Yes	No
	Are panic buttons used/required?	Yes	No
	Are written procedures outlining what steps are to be followed in the event an incident		
	occurs during hours of operation when no staff is present?	Yes	No
	Who is responsible for parking lot security: Are areas well lighted?	Yes	No
	7 tio arous won lightou:	163	110

Abuse and Molestation

1.	Does the Applicant's employment process (for employees and volunteers) include verification		
	of whether the individual has ever been convicted of any crime, including sex-related		
	or child abuse related offenses, before an offer of employment is made?	Yes	No
2.	Does Applicant's state permit you to do criminal background investigations?	Yes	No
	If yes, does the Applicant routinely request and receive such background investigations?	Yes	No
3.	Does the Applicant verify employment-related references?	Yes	No
4.	Does the Applicant conduct a personal interview?	Yes	No
5.	Does Applicant have written procedures for dealing with sexual abuse?	Yes	No
	If yes, attach a copy.		
6.	Do you have a plan of supervision that monitors staff in day-to-day relationships with		
	clients, both on and off premises?	Yes	No
7.	Has Applicant ever had an incident which resulted in an allegation of sexual abuse?	Yes	No
	If yes, describe:		

Day Nursery/Babysitting

1. Are waivers signed by parents?

Yes No

- 2. Ratio of staff to children:
- 3. Qualifications of staff:
- 4. Activities occurring:

Is there a playground? Yes No

If yes, type of equipment:

If outdoor, what type of surface is under the equipment:

What type of supervision is given to the playground:

Additional Insureds

Eligible Additional Insureds include landlords, property managers, equipment rental companies, mortgagees and lien holders. Please contact customer service if you have a different type of entity. If you are hosting a special event, tournament, retreat or any other type of off-site event please contact customer service for a quote at 877.438.7459.

Name: Type of Insured:

Address:

City: State: Zip Code:

E-Mail: Telephone Number:

PROPERTY SECTION

Check this box if you DO NOT WANT property coverage and proceed to signature page.

Multiple locations must complete a separate application for each location.

Property coverage cannot be purchased on stand-alone basis.

Building(s)				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Contents				
Loc. No.	Bldg. No.	ACV/RC	Limit of Insurance	Coinsurance
			\$	90%
Tenant Impro	vements and Bet	terments		
Loc. No.	Bldg. No.	ACV/RC	<u>Limit of Insurance</u>	<u>Coinsurance</u>
			\$	90%
Deductible	\$500	\$1,000	Other: \$	
Business Inc	ome			
Loc. No.	Bldg. No.	<u>ALS</u>	<u>Limit of Insurance</u>	<u>Coinsurance</u>
			\$	50%

Monthly Limit of Indemnity Form also available. If desired, please indicate the following:

Monthly Limitation:

(No coinsurance clause)

REQUIRED	UNDERWRITING	INFORMATION
NEWOUNED		

1. Construction of Building Number of Stories: Wood Frame Brick / Brick Steel Frame Walls: Other: Wood Frame **Poured Concrete** Roof: Steel Frame Other: Floor: Wood Frame Concrete Other: Year Built: Square Footage: Age of Roof: If building is over 25 years old, provide year of update for: Roof: Wiring: Plumbing: Heating: Burglar Alarm: Yes No If yes, Central Station with Keys Central Station without Keys Fire Alarm Yes No Central Station Local Gong If yes, Does the property have automatic fire sprinklers? Yes No Distance from building to: Fire Hydrant (feet): Fire Station (miles): Does the property have aluminum wiring? Yes No If yes, has it been retrofitted with one of the PIC approved connectors and by a licensed electrician? Indicate which one: Yes No **COPALUM** Yes No AlumiConn Yes No Date updated: Please supply retro-fit documentation or statement from installing contractor. Does the Applicant own the building? Yes No If no, who does: Mortgagee: 8. 9. Loss Payee: 10. **Signs** Value Location **Type** \$ 1. \$ 2. \$ 3. Does the Applicant have a current flood policy in force? Yes No

If yes, attach a copy of the declarations page. If no, would you like a flood quote with our proposal? Yes No (Flood quote will be secured through the Write Your Own Flood Program)

Crime

- Theft, Disappearance and Destruction: \$ 12. \$ Loss Inside the Premises: Loss Outside the Premises: \$ 14. Employee Dishonesty: \$
- Number of officers and employees who have custody of the money:
- 16. By whom is financial audit completed:
- Frequency of audits: 17.
- Is there a countersignature procedure in place? 18. Yes No
- 19. Frequency of bank deposits:
- 20. Are accounts reconciled by someone not authorized to deposit or withdraw monies? Yes No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM) CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDLENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Fitness and Wellness Insurance • A Member of Philadelphia Insurance Companies

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)	TITLE (MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)
SIGNATURE	DATE
SECTION TO	BE COMPLETED BY THE PRODUCER/BROKER/AGENT

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

AGENCY
(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)